

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					10/519487							
1 Date of Request: _____		2 Serial/Patent # _____										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing	1	12/29/04	align="right">\$ 100								
<input type="checkbox"/>	Amendment			align="right">\$								
<input type="checkbox"/>	Extension of Time			align="right">\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			align="right">\$								
<input type="checkbox"/>	Petition			align="right">\$								
<input type="checkbox"/>	Issue			align="right">\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			align="right">\$								
<input type="checkbox"/>	Maintenance			align="right">\$								
<input type="checkbox"/>	Assignment			align="right">\$								
<input type="checkbox"/>	Other			align="right">\$								
		7 TOTAL AMOUNT OF REFUND		align="right">\$ 100								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>				5	0	--	1	1	6	5
5	0	--	1	1	6	5						
<input type="checkbox"/>	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>A Johnson</u>			TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>			PHONE: <u>308-9940</u>									
OFFICE: <u>PPT</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____			DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**